

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000049852

1. Entity Name

AFTEL FLORIDA, INC.

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90055 006 ***150.00

C0047795



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2570 N. POWERLINE RD SUITE 502 POMPANO FL 33069 US	Mailing Address 2570 N. POWERLINE RD SUITE 502 POMPANO FL 33069 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	75-2491118	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARDS, BRIAN 3260 N.W. 23RD, SUITE 1400 POMPANO FL 33069
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Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL
Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	<i>Brian J. Edwards</i>	DATE	1-10-2001
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	HIMENES, LINDA	NAME	
STREET ADDRESS	1804 LINDA LANE	STREET ADDRESS	
CITY-ST-ZIP	RICHARDSON TX 75081	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	ARMBRUSTER, JOSEPH	NAME	
STREET ADDRESS	14283 76TH RD., NORTH	STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	ARMBRUSTER, VICKIE	NAME	
STREET ADDRESS	14283 76TH ROAD, NORTH	STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	MC DONALD, JOHN M.	NAME	
STREET ADDRESS	104 CHERRY HILL CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	<i>Brian J. Edwards</i>	Date	1-10-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034 (10/00)